

# SEN Firewall IP Port Block Waiver Request Form

## FOR SFRB USE ONLY

Date Enacted: \_\_\_\_\_ ☐ -- Approved ☐ -- Denied ☐ -- Held

SEN Firewall Waiver Request No (format: yyymmdd-nn): \_\_\_\_\_

1. Date Submitted: \_\_\_\_\_ ☐ -- New ☐ -- Renewal ☐ -- Modification

2. Project or Organization Name: \_\_\_\_\_ Code: \_\_\_\_\_

3. Description of application (include Version number where applicable) or network service:

### 4. Justification and/or Alternatives:

Describe specifically the problem that your project will encounter as a result of denial of this service at the SEN Firewall and any alternatives considered. Why were the alternatives not implemented?

5. Classification of transmitted data: ☐ -- Public ☐ -- SBU ☐ -- Export Controlled (e.g. ITAR, EAR);

When transmitted, the data is: ☐ -- Encrypted ☐ -- Not Encrypted ☐ -- Other

6. Valid system registration with complete and accurate information: ☐ -- yes ☐ -- no

7. Source IP Address

8. Destination IP Address

9. Destination Port/Protocol

10. Duration (*Annual renewal is required*): \_\_\_\_\_

11. Special requirements, comments:

### 12. Project technical point of contact:

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

13. The Agency Number of the approved IP security Plan for this system (e.g. GSFC-05-9999): \_\_\_\_\_

### 14. By signing this form, the undersigned acknowledges the following statements are true:

- Security Patches are up to date.
- All SEN-connected systems comply with current GSFC vulnerability scanning policy.
- System has been authorized to process or has been certified and accredited.

**Required Signatures:** – 1. System Administrator, 2. Division Chief or Project Manager, 3. Directorate Computer Security Official:

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_